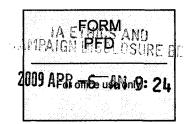
Mail to: IECDB 510 East 12th, Suite 1A Des Moines, Iowa 50319 Or Fax: (515)281-4073

Reset Form



Iowa Ethics and Campaign Disclosure Board

Required by Iowa Code section 68B.35, 68B.3(2), and rules in 351 - Chapter 7.

_	Personal Financial Disclosure Statement
Name: David U Sa	allen
	Please type or print legibly
Agency or departme	ent: Department of Inspections and Appeals; State Public Defender
	blic Defender, Supervisor, Lee County and Des Moines County Offices
Statewide office sou	nght (non-incumbent candidates only):
	r Calendar Year 20 ⁰⁸ . Check if this is an <u>amended</u> statement. is required to cover the calendar year <u>preceding</u> the year the report is due.
General instructions:	Complete each of Parts A, B, and C below. Attach additional pages if necessary.
* * * * * *	* * * * * * * * * * * * * * * * *
occupation, or profe name and nature of agency and for the p	ss, Occupation, or Profession. By position or job title, list each business, ssion in which you were engaged during the previous calendar year, including the each business or employer. If you were not employed by anyone other than the position held above check here.
you received <u>more</u> or value of the hol received <u>jointly</u> with spouse or other fam	e sources of more than \$1,000. In the categories below list each source from which than \$1000 in gross annual income during the previous calendar year. The amount ding is not required to be listed. This includes the total amount of any income one or more persons exceeding \$1000. Do not report income received solely by your ily members. A source is reportable if the gross income produced was subject to me tax during the reporting period. If you have nothing to report under Part B check
1. Securities. Lis	t any company in which you owned securities
1	
2 3.	
	

	truments of Financial Institutions. List the institutions from which you received annual gro		nnual gross	
ome such as certificates of	f deposit or savings accoun	nts.		R
	· · · · · · · · · · · · · · · · · · ·		·	
Trusts. State the nature	or type of the trusts.			
			· · · · · · · · · · · · · · · · · · ·	
Real Estate. List the na	ature of real estate interests roperty. Do not list the loca	including an interest	from which inc	
Rental Income from real eatat	to			
Retirement Systems.	List the name of the employ	yer/sponsor of any re	tirement benefit	system.
te if a commission from the	visions. List any sales of a the sale was received.			
Other. List other source rposes.	es of annual gross income n	ot reported above tha	t were reported	for tax
art C. Certified Signa	ture.			
	1			
I certify that this stat	tement is true and accurate	•	•	
am subject to potential civi	il and criminal penalties for required due date.	failing to file an accu	irale statement (n for failing
-	_	failing to file an accu	rale statement (or for familig
2 2	_		2, 200	